

**STATEWIDE COLOR COPIER (CMFM) PLACEMENT FORM**  
**SPBO 1287 and SBPO1288**

Agency: Send this form to an Authorized Dealer (cc Sarah.Hilderbrand@adm.idaho.gov or fax: 208.327.7320)

Date of Order \_\_\_\_\_ Agency PO # \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Bill To (Contact Name): \_\_\_\_\_ Contractor \_\_\_\_\_  
 Street/Box \_\_\_\_\_ Dealer \_\_\_\_\_  
 City, Zip \_\_\_\_\_ Delivery  Number of Days ARO \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
cpm category (25, 35, 40, 50)	Area	Brand	Model

Rental

Rental Period	# of Years
<input type="text"/>	<input type="text"/>

Purchase

FSM MAINTENANCE	
Yes	<input type="text"/>
No	<input type="text"/>

Note: Rental Pricing INCLUDES maintenance - Supplies are included in per impression charge;  
**FSM Monthly Charge** for PURCHASED machines (if ordered) includes lubrication, cleaning, routine and preventative maintenance, travel, labor and materials including all replacement parts and materials. FSM does not include supplies.

Deliver Copier(s) to: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Agency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

EQUIPMENT AND ACCESSORIES (List equipment and options) Equipment/Option Description	Product Code	RENTAL			PURCHASE	
		Equipment	Supplies		Purchase Price	FSM Monthly Charge
		Monthly Rental Price	Impression Charge Color	B/W		
		\$	/ea	/ea	\$	/mo
		\$	/ea	/ea	\$	/mo
		\$	/ea	/ea	\$	/mo
		\$	/ea	/ea	\$	/mo
		\$	/ea	/ea	\$	/mo
		\$	/ea	/ea	\$	/mo
Total for Copier & Accessories/Options		\$	/ea	/ea	\$	/mo

Special Instructions: \_\_\_\_\_

This Order is placed pursuant to the Master Contract (SBPO) between the Contractor and the State of Idaho Division of Purchasing. By signing below the Ordering Agency agrees to the terms and conditions contained therein.

\_\_\_\_\_  
 (Agency Authorized Signature)